Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

CN46 Oncology clinical nurse specialist versatility: Ensuring a safer, continued day oncology environment throughout COVID

F.E. Barrett, L. French, D. O'Doherty, C. Matassa, T. Doyle, L. Judge, N. Cooley, A. Geraghty, G. Sheeran, C. O'Shea, O.S. Breathnach, A. Christie

Medical Oncology, Beaumont Hospital, Dublin, Ireland

Background: The COVID pandemic has forced organisations to adapt to restrict spread of the virus while continuing to function. Oncology Clinical Nurse Specialists (CNS) have been forefront in these endeavours, often below the radar, ensuring coordination and administration of complex care. Nursing / Midwifery National Planning & Development Unit funding was awarded for a "task versatile" (tv) CNS in 2019 to focus on non ED direct access to a CNS. The key areas of this analysis were telephone triage and the ability of tvCNS COVID screening pre-chemotherapy visits to maintain a safe environment.

Methods: Changes in primary roles of individual oncology CNS posts were recorded for 1/20 to 12/20. Data on the activity of the varied adaptive roles of the CNS were captured from the hospital information systems. All patients attending for chemotherapy were contacted 24 hours prior to their planned visit for chemotherapy to screen for COVID symptoms. Patients on arrival for chemotherapy were screened again prior to being allowed up to the chemotherapy unit. Those with concerning COVID symptoms were referred for COVID testing. Activity numbers were recorded by the tvCNS.

Results: Nurse-lead telephone triage (NLTT) was assessed from 1/20 to 12/20. From the outbreak of COVID on 1/3/20 the "tv"CNS moved from the NLTT to that of COVID screening / risk reduction. A new CNS was appointed to continue NLTT. Of the 1837 telephone calls received requesting help from 1/20 to 12/20, 93% were resolved by the triage nurse, with only 121 cases attending the ER. In that time period 1304 individual patients made 11606 attendances to the oncology day unit for treatment. From 3/20 to 12/20 COVID pre-screening was performed for 10,417 patient visits. Screening was performed by phone the day before attendance, and on arrival on the day of planned treatment. 133 patients required COVID swab in view of symptoms. No day unit linked outbreaks of COVID occured.

Conclusions: The COVID pandemic has demonstrated that versatility is essential in adjusting to the ever-changing scenarios which arise during peaks and troughs of COVID outbreaks. The broad skill mix within specialist oncology nursing were key to such adaptations, allowing continued availability of essential anti-cancer therapies.

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CN47 Spanish Oncology Nursing Society efforts during COVID-19 pandemic

N. Domenech-Climent[1], J.C. de la Torre-Montero[2], N. Gil Gomez[3], M.A. Peñuelas Saiz[4], I. Magallón Pedrera[4], R. Cumplido Corbacho[5], J.M. Gavala Arjona[6], P. Beorlegui Murillo[7], J. Serra López[8], G. Gonzalez Monterrubio[9]

[1]Nurse Department, Faculty of Health Science, University of Alicante, San Vicente del Raspeig, Alicante, Spain; [2]Nursing and Physical Therapy, Universidad Pontificia Comillas, Madrid, Spain; [3]Medical Oncology, University Hospital Quironsalud Madrid, Madrid, Spain; [4]Medical Oncology, Vall d' Hebron Unversity Hospital, Barcelona, Spain; [5]Medical Oncology, University Hospital Virgen del Rocío, Sevilla, Spain; [6]Medical Oncology, University Hospital Son Spases, Palma De Mallorca, Spain; [7]Medical Oncology, Clínica Universidad de Navarra, Pamplona, Navarra, Spain; [8]Medical Oncology, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; [9]Medical Oncology, University Hospital 12 de Octubre, Madrid, Spain

Background: During the first wave of the SARS-CoV-2 Coronavirus pandemic in Spain, the care of cancer patients was altered in all aspects and in all phases of the cancer patients' paths, especially in determined areas of population. Given the seriousness of the situation, specific actions were implemented from Spanish Society of Oncology Nursing on behalf of oncology nurses in Spain, with the aim of (a)minimizing the risk of contracting the coronavirus disease and (b) continuing to guarantee the best assistance as possible.

Methods: Working and coordination meetings were established, and we planned different strategies and lines of action. This planning was carried out in an open and permanent way to be able to introduce changes and improvements with capacity to adapt in the face of uncertainty. We evolved all the team work into an uninterrupted chain of communication leading to the board, as well as the continuity of the work within the scientific society was ensured.

Results: All the proposed actions were implemented successfully, through emails, with dissemination both through social networks and newsletters. a) Safe circuits were established for the care of cancer patients at the hospitals, limited number of companions, antigenic testing from early April. A telephone follow-up was implemented for both outpatient visits and information. b) Training actions: webinars on the correct use of a mask. Protective measures, hand washing. From the very beginning, early march 2020, we strongly recommended all cancer patients to wear a mask, c) Publications: Recommendations on infection and Positioning against health strategies in collaboration with other scientific and patient societies for adult and pediatric patients, and their families.

Conclusions: It was possible to continue with adequate care and several actions to improve care have been promoted, although the greatest impact has been detected in new diagnoses (1 in 5 cancer patients have not been diagnosed or have been diagnosed late). The impact of the first wave has been controlled and mitigated, however, persistently, we will have a delay in the implementation of treatments. We estimate that a large part of the delays in the first diagnosis or in the implementation of treatments may be due to the pandemic situation.

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